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World Chronicle

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WHO GLOBAL PROGRAMME ON AIDS

Dr. Dorothy BLAKE, Deputy Director of the World Health Organization (WHO) Global Programme on AIDS, elaborates on how WHO assists countries in their efforts to combat the HIV/AIDS pandemic. As a preventive measure, sex education is a vital tool in the fight against the disease. WHO estimates that by the end of the century more than 40 million people will be infected by the HIV/AIDS virus. Social customs and religious beliefs are hindering many countries' efforts to prevent the transmission of the virus.

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ANNOUNCER: From United Nations Headquarters in New York, this is **World Chronicle**, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's **World Chronicle**.

LITTLEJOHNS: I'm Michael Littlejohns, and this is **World Chronicle**. Over the last decade, the AIDS pandemic has destroyed the lives of millions of people around the globe. It's put an unprecedented burden on the health services of many countries and affected their economic and social development efforts.

To combat this dreadful disease, the World Health Organization or WHO has initiated a worldwide program to fight the HIV-AIDS pandemic at its social, cultural and biological roots. Our guest today has a special interest in the issue of AIDS. She is Dr. Dorothy Blake, Deputy Director of the World Health Organization Global Programme on AIDS. Joining me to speak with Dr. Blake are Victoria Graham of the Associated Press and Thalif Deen of Inter Press Service. Dr. Blake, welcome to World Chronicle.

BLAKE: Thank you.

LITTLEJOHNS: Dr. Blake, is there any sign that the incidence of HIV-AIDS is levelling off or is it still in that terrible spiral?

BLAKE: Globally, unfortunately it's in the terrible spiral as you call it. And we see continued increase. However, in certain regions we are seeing a plateauing. For example in Australia there is a plateauing of the incidence of HIV.

LITTLEJOHNS: And why is that, why is this happy plateauing?

BLAKE: I think it probably is responding to the preventive efforts and the programmes that have been put forward by the Australian government.

LITTLEJOHNS: What are the numbers that WHO is projecting for the incidence of HIV cases.

BLAKE: We are currently and accumulatively, we estimate there have been about fourteen million (14M) HIV infections and we are projecting that by the end of this century, this figure could be as much as forty million.

LITTLEJOHNS: Forty, four zero million (40M).

BLAKE: Four zero million HIV infections, yes.

LITTLEJOHNS: And does this mean generally that people who are HIV infected will more or less automatically get the disease, AIDS.

BLAKE: Well, to the extent that our knowledge has arrived, as far as this question is concerned, we believe that eventually all persons with HIV infected will pass

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on to have AIDS. We have however, noticed that in some cases, the length of time from infection to AIDS varies considerably in five up to fifteen years in some cases.

LITTLEJOHNS: What about the drug programme against the disease. Are there any new developments which are particularly encouraging?

BLAKE: Well, there has not been any major breakthrough. We still are relying on a few drugs which slow or improve the survival -

LITTLEJOHNS: AZT for example.

BLAKE: Yes, of people who already have AIDS. But we do not have any drug that prevents progression from HIV infection to AIDS or that prevents infection at all.

LITTLEJOHNS: Is there any case at all of somebody who's actually recovered from AIDS? Or is it generally terminal.

BLAKE: It's generally terminal. There have been anecdotes. People who said that they have been diagnosed HIV positive and who have become negative since. We have not seen any investigation of these - scientific investigation of these which have validated these claims.

LITTLEJOHNS: Victoria, would you like to continue the -

GRAHAM: Yes, what is the thrust of your programme, since there is no cure and since virtually all cases are terminal, then it would seem prevention and education are the most important factors.

BLAKE: And that's quite right. That's the main thrust, prevention and prevention namely through education. We have seen that education can bring about behaviour change where people adopt much safer sexual practices. And that has resulted in marked decrease in the incidence in those particular cases that we have studied. For example, there is a project in Thailand where there is education and there's promotion of a hundred percent condom use among people with higher risk sexual behaviours. Notably prostitutes. We have seen that where there is a hundred percent condom use, there is a decrease in other STDs as well as HIV.

LITTLEJOHNS: Is sexual transmission the main route now for -

BLAKE: Yes. Ninety percent of all - throughout globally, ninety percent of all infections are very sexual. And seventy five percent of all sexual infections are by heterosexual transmission.

LITTLEJOHNS: Seventy five percent heterosexual.

BLAKE: That's right.

DEEN: Dr. Blake, the WHO says that it needs about two point five billion dollars annually for AIDS prevention. Where are you planning to get this money from?

BLAKE: I think that is a major question which we are trying to mobilize the world's opinion and attention, especially the politicians, the decision makers. Because we have estimated that to prevent HIV in the developing world, two point five billion dollars can pay for a package, what we call minimum interventions which can prevent the projected - the level of projected cases that we spoke about earlier, forty million. The preventive package is very simple. It's education targeting those groups with a higher sexually - whose sexual activity puts them at risk.

It's also taking care of previous STDs, gonorrhoea, syphilis, because these facilitate transmission. And then thirdly, it is condom use, especially where there's a lot of promiscuity, casual sexual partners- condom use. These three interventions, we have shown in certain settings, prevent it and slow the spread.

DEEN: This two point five billion is about twenty times more than what you are spending now. Is this a huge gap?

BLAKE: There is an enormous gap and we have estimated that the world spends, the military budget that is spent in the world is eighty times - several times more than the two point five billion needed annually for AIDS. So we do not feel that it is impossible for the world to budget and to identify two point five billion dollars. We saw that in the case of the gulf war, that very quickly the countries were able to provide perhaps several times, eighty times what was produced. I think what really we need to get across and perhaps that we have not done well enough is that we do at this point know enough to effectively stop the spread of HIV. The money is not going to go in an endless gulf. That money can - it can produce concrete and very effective results.

LITTLEJOHNS: Is this two point five billion intended for preventive purposes or for treatment and preventive.

BLAKE: For preventive purposes. This is two point five billion annually for prevention in the developing world. And we have not put in the cost of care.

LITTLEJOHNS: So what would that be in the developing world. The cost of care.

BLAKE: We have not done - as yet estimated because you need certain assumptions which we are still working on. We've not made the estimations.

GRAHAM: To ask a gender-based question, is it possible to say whether the greatest problem in education involves men or women. I mean I think we have certain ideas about this but I mean is it men who refuse to use condoms and change their sexual habits. Or women who don't feel empowered enough to insist on - insist that men use condoms and so on.

BLAKE: It's both.

GRAHAM: It's both.

BLAKE: Women we find are not really informed about - first of all about the disease and the risk and the vulnerability. And secondly, what can be done about it. But on the other hand, most of the means that we have - I just spoke about condoms. This is the male condom. And women do not control the use of condoms. It is the male partner so there's a limit to what she can do. In some settings, she can insist on it. In other settings it means either being rejected from the house, some amount of violence. And her options are very limited. So I think to answer your question, it is both.

GRAHAM: They sound like enormous problems. You know the cultural reasons that make it difficult for women to say no.

BLAKE: Exactly. And again, it's education, it's targeting those groups, men and women with sexual behaviours that put them at risk. But also, it's also trying to find methods that women can control. And that is why we are focusing very much on certain microbicides, virucides which women can insert vaginally and which will prevent transmission of the virus.

LITTLEJOHNS: I see that in some of the background material you say that education in and out of school should be complemented by easy access to condoms in connection with the risk of the infection with school, teenagers and whatever. Here in the United States which is as you know rather puritanical about these things there's considerable opposition to the easy access to condoms by school children, pupils. Is WHO doing anything to persuade the authorities in the United States to change their attitude on this?

BLAKE: Well, I most say it's not peculiar to the United States. It's almost universal. There is a belief that if you educate young kids about sex, they will become more sexually active.

LITTLEJOHNS: Is that true in fact?

BLAKE: No, it's not true and what we have done, we have analyzed studies that have been carried out across the six regions that we work in globally. And we have shown that no matter what the culture, no matter what the socio-economic status, if you provide young people with sexual education early, the result is that they delay sexual activity and when they do undertake such an activity it is much more responsibly and much safer than those children that have not had sexual education. We have shown this in six studies and there are many other studies that we have not as a programme analyzed. And in addition to that, what we have shown, what we have seen is that those

nations which have targeted young people, have provided them with the sexual information, they are now seeing that those groups are more - are the ones that will use condoms when they do become sexually active. But they're also seeing that they're the ones who will tend to delay sexual activity until they are ready for it. And this is documented in Switzerland for example.

GRAHAM: What are some of the greatest myths you encounter? I mean that was interesting that the more children know, the more they're inclined to undertake sexual activity at an early age. But there must be others that pose problems.

BLAKE: Yes, for example with regard to young women, there is the myth that older men feel that if they have sex with younger women, they will - they run less risk of being infected. And the result is that younger women, women tend to become infected younger and younger, at a younger and younger age.

And another myth is that men who are infected, they feel that if they have sex with a virgin, they will be cleansed and purified. The result is that these young girls again are infected at a younger and younger age.

GRAHAM: That's just one other myth.

LITTLEJOHNS: This is World Chronicle. Our guest is Dr. Dorothy Blake, Deputy Director of the World Health Organization Global Programme on AIDS. That was interesting what you said about the myths and Victoria's question. Are there any other myths that you're trying to address in WHO?

BLAKE: Well there is - it's not quite a myth, it's a cultural practice in some cultures, particularly in Africa where it is felt that when a man dies his wife should be taken under the control of his brother or at least the first sexual activity that she has after the death of her husband should be with his brother.

Also sometimes it is felt that a woman needs to be - that a woman needs to be cleansed, what they call cleansing or purification by sleeping with the brother. The problem is that very often the couple might be infected and therefore the husband dies first and sleeping with the wife might only serve to spread the disease.

GRAHAM: How successful are you in dealing with that? I mean these sound like very deep-seated beliefs.

BLAKE: Well, what we are finding is that these deep-seated beliefs have to be dealt with within the culture and in a holistic fashion because they served a purpose in these cultures. And they cannot be thrown out. And therefore there are groups, community groups who are addressing this problem. And I'm thinking in particular in Uganda, where there is the AIDS Service Organization or (ASO) who is working at community level and working in depth along the cultural beliefs and customs of the

countries. But bearing in mind and having the sensitivity to work with the people themselves to find solutions. But it is clear in everybody's mind that because it is so evident, the effect of the epidemic, it's clear in everybody's mind that there must be change.

And they themselves are working towards this. Now this is the type of thing that we need to do more widespread and the challenge is how to upscale it.

DEEN: Dr. Blake, you mentioned the use of condoms as a prevention against AIDS. But do you have opposition from the Catholic church? I think in the Philippines they're having some problems.

BLAKE: Well, there is opposition not only from the Catholic church. There's several religious groups, there's several cultural groups. There are even men themselves who feel that their pleasure is diminished by having to wear condoms. Very often this opposition from religious groups can be overcome by dialogue with the religious groups and very often it's not a matter of going and developing programmes the way you would develop it in North America or in Switzerland or in the Netherlands.

But dialogue with the religious groups and there is always a way in which it can be put forward to the groups. For example condoms in a Catholic setting. It is given as part of education programme that presents several options for young people.

And the option of condoms is not provided by the Catholic church in some settings but the children know that it is available and what can be done. But it is not practised by the church. That is what we have seen in some settings where the accent is more on safer sex through education.

DEEN: So you have an ongoing dialogue with these groups.

BLAKE: Yes, yes. And in some cases, the dialogue is very well undertaken and other cases the dialogue is more difficult but I think in all cases, there is a certain amount of pressure from the people themselves who are affected. And the church or whatever the religious group tends to listen to the people themselves who are affected. The important thing is to maintain the dialogue. The important thing is to give information so that people know exactly what are the risks, what are the consequences of any decision that the community or the culture or the church makes.

LITTLEJOHNS: Dr. Blake, you've told us how HIV and AIDS are spread. What about the ways they are not spread. Don't you have to counteract some of the false impressions in that area. I mean using the toilet and that kind of thing. Is WHO also impressing the positive aspects.

BLAKE: Yes, whenever we go anywhere, invariably there is always, but can AIDS be spread by using the toilet seat? Can it be spread by mosquitoes for example.

And still as far as we know, the disease is spread by three ways. One is by as I just said before, in the majority of cases, it's by sexual transmission. Ninety percent of the cases. Then there is a small percentage that is spread from an infected mother to her infant and then another that is spread by injecting drug use or by transfusion of infected blood.

LITTLEJOHNS: There was a bit of a controversy not so long ago about so-called deep kissing. I mean that saliva could carry the virus. Has that been studied further or have you totally dismissed that possibility.

BLAKE: It's not been dismissed in the sense the we have identified the virus in the saliva. But what has not been shown - it has not been shown that deep kissing is a major mode of spread. But the fact is theoretically, it could be a mode of spread because the virus is present in the saliva. And presumably if there are ulcerations, if there is a possibility of passage across the mucous membrane of the virus, then there could be spread. So we do think that it's a theoretical possibility. But as far as epidemic is concerned, it has not been a major factor in the epidemic. We've seen this occur in couples where one person is infected and the other person is uninfected. They kiss. They live as man and wife except for unprotected penetrative sex.

GRAHAM: With such staggering numbers, Dr. Blake, of AIDS infection and the actual disease in many countries - I guess probably Africa is the worst-- what kind of impact does this have on economic and social development.

BLAKE: We've seen in the countries that have been the most heavily hit that there is now beginning to be seen social and economic impact on certain industries that are very labour intensive that depend on human resources. And also impacted very directly on the health services. You mentioned in the introduction this program that the health services are more and more strained. In some East African countries as much as sixty to seventy percent of hospital beds are occupied by AIDS patients. And this is a staggering amount. It means a cost in looking after these patients, but also in the displacement of the other pathologies that could have been looked at, dealt with.

DEEN: Dr. Blake, the UN Development Programme or UNDP says it is not merely a health problem, it's a development programme. And they're also getting increasingly involved. Are you coordinating your efforts?

BLAKE: Yes, as I've said, we have inter-Agency meetings on AIDS regularly. We are sharing information and above all, we try as best as possible to plan together. There are times when there are overlaps and there are gaps but this is being addressed at the epidemic becomes more complex and more and more people are working together in the same area. The issue of coordination is being very seriously addressed by the United Nations systems and programmes. For example, to take the World Bank as a

member of the United Nations system, we work with the World Bank in several countries where they are providing massive funding, millions of dollars and we are providing technical support to the government in the interface with the bank.

LITTLEJOHNS: How much - what percentage of WHO's resources are devoted to this AIDS programme?

BLAKE: The global programme on AIDS is funded by the governments of WHO by interested governments and it's mainly from the developed countries.

LITTLEJOHNS: A special budget.

BLAKE: And it's a special extra budgetary program. Our budget is at present a hundred and forty million dollars ($140M) biannually.

LITTLEJOHNS: That's a very small sum.

BLAKE: Very small.

LITTLEJOHNS: When you're talking about two and a half billion (2.5B).

BLAKE: Very small. We've had to revise down from a hundred million annually to a hundred and forty million (140M) biannually because of the availability of resources or rather the unavailability of resources.

LITTLEJOHNS: Are you getting any assistance from private corporations. For example the pharmaceutical companies, are they able to contribute one way or another?

BLAKE: Our management committee has now given us the go ahead in fact to try to raise funds through other sources than from our global management group or from the trust fund and we are now embarking on a very active and vigorous fundraising strategy. And certainly groups like the pharmaceutical industry will be targeted.

LITTLEJOHNS: Do you have a condom programme in WHO?

BLAKE: Yes. Our condom programme is providing the advice, providing the technical logistical needs for the countries but above all, we purchase condoms for countries through a bulk purchasing scheme. But we would really like to encourage -

LITTLEJOHNS: Dr. Blake I'm afraid I have to stop you there even if - Our guest has been Dr. Dorothy Blake, Deputy Director of the World Health Organization Global Programme on AIDS. She's been interviewed by Victoria Graham of the Associated Press and Thalif Deen of Inter Press Service. I'm Michael Littlejohns, thank you for joining us. We invite you to be with us for the next edition of World Chronicle.

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